



Republic of the Philippines
Department of Education
REGION VI- Western Visayas
SCHOOLS DIVISION OF SAGAY CITY

SEP 24 2024

DIVISION MEMORANDUM

No. 603, s. 2024

**PARTNERSHIP ENGAGEMENT WITH SAGAY CITY LOCAL CIVIL REGISTRY
THROUGH THE PROJECT SCHOOL-BASED BIRTH REGISTRATION
PROGRAM (PROJECT SBRP) FOR SAGAYNON LEARNERS**

To: Asst. Schools Division Superintendent
Chiefs of CID and SGOD
Public Schools District Supervisors
Schools Heads of Public Elementary and Secondary Schools

1. The Schools Division of Sagay City with the Local Government Unit of Sagay City through the Local Civil Registry will implement the Project School-Based Birth Registration Program (SBRP) for Sagaynon Learners.
2. The program focuses in ensuring that all Kinder and Grade 1 learners have their births officially registered, which is essential for establishing their legal identity and accessing educational and social services.
3. To easily facilitate the registration, School Heads of Elementary Schools shall submit the list of Kindergarten and Grade 1 learners who are not registered in the PSA and the application form.
4. Further, School Heads of Elementary and Secondary Schools are also requested to submit the list of learners needing petition for correction of clerical errors in their birth certificate.
5. Documents in the annexes shall be submitted in the records section on or before September 30, 2024 using the template attached in enclosure number 1, 2 and 3.
6. Should there be queries and clarification, you may contact Mr. Jerson F. Donasco, Senior Education Program Specialist for Social Mobilization and Networking through cellphone number 0950-056-7080 or 0927-952-3228.
7. It is understood that in the conduct of this activity, there shall be no discrimination on account of age, school, gender, civil status, disability, religion, or other similar factors, or personal circumstances that run counter to the principles of equal opportunity.
8. Immediate dissemination and compliance of this memorandum is desired.

MARSETTE D. SABBALUCA, CESO VI
Schools Division Superintendent

MARK ANTHONY J. TAN, PhD
Chief Education Supervisor
OIC - Assistant Schools Division Superintendent
In-charge of the Division



Enclosure :
Reference :
Allotment : N/A
No. of Pages :
To be indicate in the **Perpetual Index** under the following subjects:
Partnerships Civil Registry
FN: Jerson Donasco/Junmarl Alconga/SGOD





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THIS FORM IS NOT FOR SALE																									
SAGAY CITY APPLICATION FORM - BIRTH																									
IMPORTANT : PLEASE READ GENERAL INSTRUCTIONS BEFORE FILLING UP THE																									
1. Please PRINT letters in the spaces provided. Please CHECK (✓) appropriate.																									
2. A valid ID is required for both minor & requester of document.																									
3. An authorization is required from representative's upon filing of the application.																									
Request for <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> AUTHENTICATION <input type="checkbox"/> BIRTH CARD <input type="checkbox"/> CDLI																									
Number of copies: <input type="checkbox"/> One <input type="checkbox"/> Two Others (Specify): _____																									
Birth Reference No. _____ - _____ - _____ - _____ Sex: Male <input type="checkbox"/>																									
_____ - _____ - _____ - _____ Female <input type="checkbox"/>																									
OWNER'S PERSONAL INFORMATION (For married women, please use maiden name)																									
Last Name _____																									
First Name _____																									
Middle Name _____																									
Date of Birth _____ MONTH _____ DAY _____ YEAR																									
Place of Birth _____																									
City / Municipality _____																									
Province _____																									
Please specify country if born abroad only: _____																									
Country _____																									
NAME OF FATHER																									
Last Name _____																									
First Name _____																									
Middle Name _____																									
MAIDEN NAME OF MOTHER																									
Last Name _____																									
First Name _____																									
Middle Name _____																									
REGISTERED LATE? <input type="checkbox"/> No <input type="checkbox"/> Yes When: _____																									
Check <input type="checkbox"/> if appropriate box																									
REQUESTER'S INFORMATION																									
Last Name _____, First Name _____, MI _____																									
Contact Number: _____																									
Date Filed: _____																									

(you may ask a clear copy from the Records Office)

